

Developing Software for Performance Management

CDC Performance Improvement Managers Network Call

June 23, 2011

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Sarah (Operator): Good afternoon! Welcome and thank you all for standing by for today's conference. Your lines have been placed in listen only mode until the question and answer portion of today's conference. This call is being recorded; if you have any objections you may disconnect at this time. And now I'd like to turn today's conference over to Ms. Liza Corso; thank you, you may begin.

Liza Corso: Thank you very much. Welcome everyone to the June Performance Improvement Managers Network call. I'm Liza Corso with the Office for State, Tribal, Local and Territorial Support and I'm joined here today by some colleagues from OSTLTS. Teresa Daub and I will be co-moderating this call. We're delighted that you could join us for this call today; this is our fifth in the monthly webinar series for performance improvement managers throughout the country. The PIM Network (as we call it) is intended to be a forum to support all performance improvement managers in learning from each other as well as from learning from partners and experts in the field. We hope these calls are a way for members of the Network to get to know each other better, learn about best practices in quality improvement and performance management and share information about resources and training opportunities. On today's call, we have an opportunity to learn about the performance management experiences and the software that supports these activities from two of your colleagues. The need for the webinar on this topic was highlighted through questions and comments we heard directly through PIM Network members and channels so we're really hoping this webinar will be valuable to the work you're doing in your health department and for the NPHII work. I'll be introducing our speakers shortly, but before I do so, Teresa Daub will be reviewing some of the technological features of today's call. Teresa?



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Teresa Daub: Thanks, Liza! For those of you who are not able to access the web portion of the call, you may refer to the slides that were emailed to you yesterday however I hope most of you joining on the phone will also be able to join on the web because we're doing a live demo as part of today's webinar so your best viewing will be through the web. If you must follow along with the slides, you'll be seeing a screenshot of the demo pages that we're going through today. For those of you on the LiveMeeting site, you have access to the slides through the download feature as well. That is the icon on the top right of your screen that looks like three sheets of paper so you can actually download those slides for later reference. If you're interested in taking a look at other attendees on the line today, you can do so by clicking the "Attendees" link at the top of the page to see who has joined us on line. As Liza mentioned, we will want to have questions on today's call, and there are two ways that we'll be handling questions. First, you may enter a question in the chat box, the Q&A box at the bottom right of your screen. You may enter questions there at any time. If you prefer to be anonymous when posing your question, please type 'anon' either before or after posing your question so that we respect your anonymity, otherwise we'll let folks know from whom the question has been asked. And time permitting; we would love to take questions towards the end of the call live, and our operator host today is Sarah, she'll be providing us instructions for how to do that as well as helping us queue up to get live questions at the end so there will be that opportunity. The call will last approximately one hour and it is being recorded and will be posted on the PIM Network webpage as well as the PIM Network's virtual gathering space via phConnect. And we've sent instructions via the Network for joining both of those but if you need assistance we hope you'll contact us. You can do that by emailing us at pimnetwork@cdc.gov and we'll be happy to provide assistance for making those connections. We will have a few polls on today's call as we've done on previous calls. The first poll is right now and this is where we ask you to indicate your affiliation so that we're able to know who's joining us. Okay, hopefully we have all votes in...we have...for some reason I'm not able to get the results to display so you all aren't able to see the results right now but I can tell you that 73% of today's participants are with state health departments, 12% with local health departments and 14% with national public health organizations. So we'll move now to the next poll which is to ask how many people are in the room with you, if you'll respond to this. Okay, the poll results on this are shown so you can see a relative number of participants on today's call. So thank you for participating and the call will have a final poll at the end of the call in which we want to hear your thoughts on how today's call went. That's all I have for right now so I'll turn it back to Liza to introduce our speakers for today's call.

LC: Thank you Teresa. I'm pleased to introduce to you two people who will be sharing with us their experiences developing and working with software for performance management. We'll hear from both speakers before we take questions, but as a reminder you may type in questions at any time during the presentation. We'll also take audio questions after the final presentation. Our first presenter today is Joe Kyle from the Department of Health and Environmental Control in South Carolina. Joe has been with DHEC as they call it for fourteen years and he is currently the director of the Office for Performance Management for Health Services. He serves on the agency strategic planning committee, co-chair of the agency community assessment workgroup and is co-chair of a Curriculum Workgroup that is a



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partnership effort between the University of South Carolina's Arnold School of Public Health and DHEC. While they've been doing this for many years in South Carolina, they have also been thinking about how they can take performance management to the next level. So Joe is going to talk with us about their experiences and where they want to take their software for performance management activities and that type of support in the future. Joe?

Joe Kyle: Great, thank you very much. Can you hear me? [LC: Yes.] Okay, good, great. I sort of feel in some ways that I'm going to provide to you some preliminary thoughts to what we've been working on in preparation for the main event which is really the excellent work and the software and the product that Oklahoma has developed and been working on. So in some ways I'm sort of the preliminary round if you will. Having said that, however, it's quite possible that the-where South Carolina is currently may be more in sync or close to where many of you all on the call today are currently given that many of you all are just now starting out on developing your systems or trying to figure out what your system needs to look like. So I'm hoping that what I'm going to share will be-will resonate with you to one degree or another hopefully quite a bit and together we can all aspire to have something like an Oklahoma-type system modified for our own particular circumstances. So I've kind of characterized this journey as just kind of going from very basic sticks and stones to hunter-gatherer to agriculture to some advanced civilization which I guess in this case will be-we'll call Oklahoma the advanced civilization so we're on that journey trying to-that aspiring journey trying to get there. Next slide please.

So just as background and contextual information which is important-will be important in a minute-just to highlight that South Carolina is a very centralized state and so all of our local health departments-our county health departments are linked to our regional health departments which are linked to our state health department it's one system; everyone's a state employee and as a result of that many of our data systems are also very centralized. So for example, most of our major financial programmatic systems that you would find at a county health department at a regional health department would be the same data and information system that you would see at the state office as well. So everyone is using these kinds of large, statewide enterprise-wide systems. There are some distinct data systems that are program specific that may or may not be part of this larger effort but there -for the most part, it is a larger effort. The systems that we have, it's kind of a hodgepodge I suspect that would be the same in many states. We have some legacy systems that are still mainframe, some are desktop, some are Windows based, some are not. In general there's been up 'til now little coordination, little integration and the proverbial stovepipe that we see programmatically we also see in terms of our data systems as well. So kind of...you know, in the preliminary phase when we started working on this whole idea of integration and thinking about performance several years ago, we developed our initial performance management, what we called the health services operational plan and it was developed in house kind of on a shoestring, seat-of-the-pants sort of approach using Access-Microsoft Access-and it was really the first attempt at program coordination around different health status issues. So for example if I indicate here, any program that was working on breastfeeding they could enter in information about what they were doing around breastfeeding regardless of where they were located within the organization or



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infant mortality or an STD or any health status issue that was being addressed. It was transparent in that anyone could see what anyone else was doing and again, given our statewide focus, our linked centralized system; it was a statewide approach from everyone to the county to the region to the state could see. It was extremely text laden; one of our regional plans, the largest one ended up being over 400 pages long. So obviously at the end of the day, it had very limited volume, it was just a lot of information-good information-but not digestible and really not that useful. Next slide please.

So our current system-and I'll show you a few screenshots in a second-we developed-and again, sort of seat-of-the-pants-a little bit more sophisticated though. It was originally developed in Access and then some of our IT people here modified it and translated it so that it could be web-based and be accessed through our intranet system and it's riding on a SQL server. And in general-how it was designed was we decided to meet with some of the users, the so-called power users, the quality improvement staff and the regents and in Central office and really sit down with them, with some of the key program people to figure out what would be in terms of how its organized especially what would be the best way to do that. So what I'm about to show you is what our current status is.

So you can see it's as I said, it's sort of a-it's very rudimentary and this would be the log in screen that anyone would see. And you have two tabs at the top so the indicators that are in the performance management system, now there are about 180 of them you can look at them two different ways. One is organized by our agency's strategic plan which is how we're looking at and the other one was through the performance management area which are quite similar to the broad Baldrige criteria. But looking at it from the strategic plan perspective which the screen shot shows then, you can see there's five broad categories these are the five broad goals from our strategic plan. And you'll notice there's a little plus sign next to each one of those what you would do then and what a user does is they click on the plus and what that does and then it kind of open it up and creates an outline of objectives underneath the goals and indicators underneath the objectives. Kind of in an outline format until you get into where need to go. Next slide.

So this screenshot is an example of you've already gone through clicking on various plus signs and you've buried yourself into this kind of getting into the tree a little bit and so you'll notice it's kind of hard to read but little letter "a" that's toward the top there highlighted is the indicator percent of DHEC family planning and STD clinic clients with positive chlamydia tests that are treated within fourteen days. What you would do then, in our system then, is you'll highlight that, then click on the button underneath that it says show indicator data and then what you would have then is you would have on the bottom of the screen. So in this case then you can see the measure is repeated and then you'll notice that there's the standards- 'though the "s" is cut off-but in this case it should be 80 percent, and then you can see that you can filter this by reporting area and also by reporting date in this case July to December 2009 and given that this is a region level indicator not a county level but region level then you'll see then that you would have displayed all the eight regions that we have in our state and in this case then we're July to December 2009 you have a value of 79.9 percent for Region 1. And just to



highlight how rudimentary our system is currently, this is also the data entry screen. So if you're from Region 1 and you needed to enter this information you would go to this screen and you would type in the value 79.9 that you see there. And Region 2 would do the same and Region 3 would do the same. So it's quite um-this is Joe's word-funky in the terms of how you navigate around it but this will hopefully give you some idea of how our current system is set up. So what we also do then is-this is what you saw before was sort of like the data entry, how you enter information into the system then and obviously a system is only as good as what-the information you can take out of it so from the report side the information that's generated then, we've organized-and this is a screenshot from our intranet site-we've organized a series of reports that are available and this case what you see here these are reports that are organized by business units in the central office. So within our Bureau of Community Health and Chronic Disease that you can see there, you can highlight any one of those there that are highlighted in green; cancer, diabetes or et cetera, you would click on that and a report specific to that business unit would be generated. And then you can see disease control, environmental health, et cetera. Next slide please.

So the current plusses about this system-did we skip a slide by any chance? Yeah, okay good, thank you. This is what a report would look like, those of you who are familiar with Access, this is sort of an Access report-again it's on a SQL server-but the nuts and bolts are still an Access database. So in this case then-this is a performance measure 3A-3b percent of newly confirmed HIV positive test results returned to clients and then you can see who's entered the data, the reporting frequency, in this case we look at this data twice a year and then you can see the standard and what the standard description is and then any information that's available and you can filter this somewhat in terms of what the report will display but in this case then for Region 1, there were, this data's been entered four times. You can see January to June '08, July-December '08, et cetera, then the response is the percent-remember the standard's 95-and then we also give reporters, if you will, an opportunity to explain anything that they want to related to the data. So that's what the notes section is for. So all the reports have that same look and feel.

So the current system, some of the plusses –and this has sort of been a tenet for us-with us from the very beginning-it is transparent and that really is sort of one of our operating philosophies that anyone, any user can see how all others are performing across the state at any given time. It's definitely a plus that it's linked to our agency's strategic plan so people can kind of see how all this fits together. The interface although it's slightly cumbersome, once people get it, it's quite easy to understand and frankly it has been very simple and inexpensive to develop and maintain, again given that it's been done in-house kind of on a shoestring. And the reports (such as they are) in the example you saw a minute ago; they are fairly clean and understandable given the layout and what it is that you're looking at. So those are what I would call all the plusses, some of the plusses in our system.

Some of the minuses are the things-you know, the opportunities for improvement, really (and this is a big one) the first one that the way we have it set up and the way it works unfortunately, users can't generate their own report. So they have to do one of two things: hope that the canned reports we've



generated meet their needs and if not they have to pick up the phone or send in an email and request a special run. It also does not really generate any charts or graphs so again, the report that you saw is similar to what anyone would get but not in a graphical or a chart format and the whole idea of importing to Excel, exporting to Excel, manipulating, things of that sort, it can't really do that. As I mentioned earlier the data entry is all manual right now it's very slow and as you saw the data entry screens especially since you can't import for example from a spreadsheet or another table, user error can certainly happen as you're entering information one by one. Having said that, the interface is user-friendly but the data entry screens obviously are not and in some ways you can see then that it has an old fashioned look and feel to it, if you will; it's almost like a DOS-like feel, if you will. So for people who are used to better, nicer and more pleasant and more congenial interfaces, we certainly don't have that right now. There's also no query system, so to get in and around, you have to go in and out of the various trees and trunks, up and down, you know the plusses and minuses, which can be very, very cumbersome, particularly if you want to go from one major area to another. And then frankly the good thing about the system is that it was done through other duties as assigned, the bad thing about the system is that it was developed through other duties as assigned, so it's really no one's job to maintain and improve it. So what you have to do is put somebody, get on somebody's radar screen if you need to make some improvements or changes, if there's any glitches and you know kind of have to work with their schedule. So we don't really have a real good support. Not to be critical of the support people, it's just they have a lot of other things to do.

So now moving on to our-what I would call, you know the animal domestication and agricultural again on the road to a high level civilization here, we are planning on using some of our CDC funding that we're receiving through the grant that we're all working on now to develop a new data system. And what we really want to do is keep the baby and throw out the bathwater and so the trick is going to be figuring out which is which. One of the first questions we had to answer was would we do this, develop the system in house or would we contract out for a new system? Just as an aside since we are centralized as I mentioned we have a lot of statewide data systems. Our health department has considerable expertise to do this kind of work and resources. And so after some discussion about that what we decided to do then, was to develop the system in house but unlike the previous system, we would have dedicated staff that were going to be paid to develop and maintain the system, which is where we are today. So we made the decision to do it in house and we developed a BeeLine contract and I'm not sure if that's a South Carolina term but essentially what that is, is these are specialized contracts that our IT people use so that we can quickly put out on a bid IT projects and then various companies and and/or individual consultants bid on them; it's very quick and agile and it's all related to IT projects specifically. So what we envisioned we would have a BeeLine contract and we would do the recruitment of this person through January 2011 and the BeeLine contract would be to do the JAD sessions which are essentially focus groups from end users, potential users and managers to really find out from them what are their needs, what are the functional requirements that a new system would have to have to meet their needs. And then the idea is through the summer of 2011 where we more or less are right now, we would have a fully developed set of functional requirements after that series of



JAD sessions and focus groups and then starting more or less at the end of summer 2011, going on into year two of funding, federal fiscal year 2012 I guess it would be, we would be developing for over the course of a year a prototype of the new system and then year three going forward troubleshooting and addition.

So that was our original timeline. Then reality slightly changed things a little bit, I want to mention that in a minute. This, what you have in front of you and I will not read this but you can see what it is. This is just the scope of the work of the BeeLine contract that we developed. If anyone would like to have the actual contract, framework itself and the other language that went with it, just send me an email and I'll be happy to share that with you all. So this is just part of what we put out for a bid, if you will, to see who would want to provide the facilitation for the JAD sessions. And then you can see the dates that we'd envisioned. The BeeLine issues we had even though we were very clear about how many hours a week this was going to be and how much money was going to be available to pay people; we had people bid on things and people just bid on things and don't really read the fine print so we had one person that we offered the position to-the contract-and they turned us down when they realized how many hours it was. The second person actually started and after one hour they quit. I guess when they realized how many hours it was and again, this is despite the fact that we were totally up front about how many hours it was going to be for, and how much money we were going to make available to them. So what we decided to do then is, the person that we are-having in house, it will be paid to develop the system they said well you know what, I have some free time now, I'll go ahead and facilitate the JAD sessions since I'm going to need the product of those focus groups anyway because I'm going to be doing the work of developing the system. So that seemed to be a reasonable alternative so that's the direction we've gone. To date we've had six meetings of 75 people statewide have participated as you can see they are from program managers and coordinators, senior leaders in central office and the regions, local staff as well as QI, quality improvement staff from central office and the regions. So it's a pretty good cross-section of so-called power users, people that think and are very much concerned about performance management, as well as people that are much more programmatically focused at all levels that may or may not be that vested or interested in a broad performance management system and rather than just in their small narrow piece of the pie. So a pretty good cross-section and each one of these sessions lasted about 2 to 3 hours and then we also shared several other systems with an internal and external, just kind of fertilize and get people thinking and talking about different features they would like to see. So we had questions and they were kind of covering it during that 2 or 3 hours as you can see there from user interface reporting data base and so on and you call can see what those other categories are.

So these are some of the initial recommendations from users and we have more information but this just kind of gives you a little bit of a taste so what you see in front of you now are some feedback or some ideas, suggestions, requirements related to layout, data entry, around reporting and around "other" and again there's more information but this kind of gives you an inkling of what's come out of these JAD sessions. So then you can see under the "Layout/Data entry", interested by people wanting



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to slice and dice it in lots of different ways and to have a real simple interface to do that, different types of tabs that people would like to see, they'd like to be able to sort indicators in lots of different ways with that kind of feature and then depending on who you are when you log in they would like to see things, you're going to see different things depending on who you are. The whole idea of importing data from spreadsheets and from tables and things like that absolutely was alive and well and something that's not up here now but certainly what we're hoping to pursue as much as possible is that this new system hopefully will be able to automatically or in an automated way pull data from some of our other systems, so you eliminate the human doing that. With at least some of our major data systems we hope we can pull that off. And then you can see then under "Reporting" some things in terms of customizable reports and then obviously charts, graphs, maps, things of that sort, not surprising and then under "Other", a whole lots of different other items. So, again there's more information which I'd be more than happy to share with you all, if you send me an email, I'll send it to you but this is to kind of give you an inkling of where we ended up and more or less where we are today going forward.

LC: Joe, thank you so much! I think the process you've been going through, the questions you've been asking and answering in many cases and how you've been building on your previous experience is probably invaluable for everyone on this call to hear. You're probably light years ahead of some folks and others, they probably really appreciate this information for their own evolution of what they're doing for their data systems. Now in the interest of time we have a question that I'm going to give you a heads up on both Joe and Joyce and that's a question did come in from Jennifer Jones in Dallas, just to share a little bit about the cost of the work that you've done and the data system, but we'll come back to that at the very end so that we can move on to Joyce Marshall and give her an opportunity to share all that she can about with a live demo. Joyce Marshall is the Director of the Office of Performance Management at the Oklahoma State Department of Health. In this role, Joyce oversees agency-wide performance management, strategic planning, quality improvement, accreditation readiness, all those great things that many of you are doing in your health department. Joyce is also an alumna of both the Oklahoma Public Health Leadership Institute and National Public Health Leadership Institute. Oklahoma supports their performance management activities through their Step UP program and Joyce is actually going to be showing us a live demo of their system on today's webinar. Joyce?

Joyce Marshall: Thank you for the kind words and I know Joe there said some really great words there, too. You know we haven't reached that destination yet, we're really still on the journey also, constantly trying to improve and with technology systems I think as many of you have probably worked on them, there's always something that you want to do to enhance it. So it's a continual journey that I'm really happy to be able to share with you today about our Step UP performance management system and it's in alliance with our performance management model that aligns with the national goals and initiatives through state, agency, programmatic, county, community and individual performance for greatest impact and our Step UP system is our main tool to do this and today I'm going to be showing you live after a quick overview, some of the major parts of the system. And I've said the technology prayer so



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hopefully all will go very well and you'll be able to see exactly live as I'm going through the process. Next slide.

Okay, in just a quick overview and then we'll get to the live demo. The Step UP performance management system has five steps and three templates. The first step is the county demographics Oklahoma framework national alignment and that's where each either county health department or service area really aligns to what they're doing to those national goals along with the state and agency goals. The overview portion which the first two steps make up the first template, the public health and alignment template and the overview really gets into for the programmatic side the target population that they're trying to address, advisory tools, mandates-legislative mandates, budget, FTE, general programmatic overview information and for the counties it's also a lot of that information along with how does their assessments, their county assessment pieces, health improvement plan and quality improvement tools in the same place also. The meat of the system is really the strategic plan, which is the second template. This is where the goals, objectives and measures that are most critical to the success of the service or program area or the county health department along with the clients that they serve is housed and this is really the meat, we'll spend some good time showing what is included in the Step UP system on that. The fourth step is the action plan; this is the only part that's not an actual part of the database, it's a downloadable form that really-that they can use to strategize and implement who, what and when they're going to carry forward those goals and objectives, really line out those steps on how they're going to address the objectives that they've set. And in the final step and last template is the annual review and in the annual review that's where every year the programs and the county health departments go in and enter-they set targets on what they were going to accomplish and on their measures and then they go in and report the actuals along with any special factors that led to success or if there were any particular barriers and either how they overcome those or what they would suggest needs to be done to overcome those. So in a quick overview, this is what the five steps and the three templates are and now we'll go to the live demo and I just want to make sure can, everyone see the screen?

TD: Joyce, we don't see your live screen yet.

JM: Okay...

TD: Just a tip: go to "Content"...there we go! Now we see it!

JM: Now? Okay, do you see it now?

TD: We sure do. Thank, you.

JM: Great, wonderful! Okay, well that took us-you missed me logging in but that's all you missed so we'll go straight into-this is the main menu, the log in page basically just has kind of just when they put up the first page it has the Step UP and tells them welcome to the system and to please log in. And I've just done that and this is the administrator main menu, this is where I live and the first template that we



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talked about was the Overview and Public Health System Alignment template and that template we have service areas and counties and since they're just a little bit different I'll try and show you just a little bit of both very quickly. This loads all of the different overviews and we're going to look at the Maternal & Child Health Service. Go into "View". This is the Maternal and Child Health Service. It shows how they align first of all to the national framework: the three core functions, the essential services and Healthy People 2010 which is changing over to 2020 this next year, then also how they align to the Oklahoma framework, our vision, mission, values, overarching goals, our focus areas and our strategic map and then the overview portion – it gives an overview for example Maternal and Child Health Service, their target population is age group 0 through 4, 5 through 14, 15 through 19 and 20 through 64 so they cover a wide range of ages, all races, in particular some have specific age groups that they cover. This also states their customer satisfaction surveys and different surveys they do to assure that they are meeting the needs of their customers. It also gives a really brief snapshot of their funding sources; total funding and FTEs, legislative mandates and advisory boards and councils. As far as the county, the counties are slightly different because our county health departments in this section and our service areas are very different so we had two separate modules set up for these.

Now we're going to look at Comanche County Health Department. And here is their first section, they actually entered county demographic information, what makes up their county and what makes it unique, their age distribution, their race ethnicity distribution, the programs and services provided at that particular health department and actually if we click at the top, it actually takes them to the census page where they can just enter their county and it actually gives them that data to enter directly into the system. They also align to our Oklahoma framework which is our vision, mission, values, focus areas and strategic map here, they also align-later I'll talk about in the Strategic Plan template further-to the goals, objectives, measures there. Overview section again and they have their customer satisfaction information here. Additionally, their community assessment that they do, when the last time they performed a community assessment in their county and the documents to support that. Same thing with health improvement plans; this is where their health improvement plan-when they accomplish that- is also housed, along with the plan date that it was completed and then it's uploaded right into the system. Quality improvement tools that they've used and reports in regards to those, emergency preparedness compliance, and their funding and FTE information for their county health department.

The Strategic Plan template is the next template we'll go into and these are very similar because they both state goals, objectives, measures that are most critical for success so we are going to look at Maternal and Child Health Service today for the demonstration. We'll sort those very quickly. This is the Maternal and Child Health Service and they list their goals, objectives and measures. This is a web-based application so it is set up in that format and then prints out and reports which I'll show you here in a little bit. That for example there are first they've got two main goals: reducing infant mortality and reducing morbidity and mortality among children and adolescents. So you go into the first goal and then you can also see the relationship to the strategic map goals. This is where they-for all goals chosen they must relate to one of our strategic map goals for our agency which is also tied to our Oklahoma health



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improvement plan and this particular one relates to achieving improvements in Oklahoma improvement plan flagship issues which are tobacco use reduction, obesity reduction and children's health improvement, of course children's health improvement is the one they're addressing here. The focus area healthy children and families and the objectives then are listed below and you can drill down then from each objective. This is in relation to reducing the percent of mothers who smoke during the last three months of pregnancy and then the performance measure in relation to that. Then you can drill down into the specifics of that performance measure that are listed for each one and so here you can see the actual performance measures, the baseline data and the year for the baseline, how it was-the formula and definition for coming up with the data and then specific information with regards to any benchmark, who's doing it, the data source it was pulled from and then trend data in relation to that and then target data for the current year and the next five years. I just accidentally got you out of that so I'll get right back in.

But I did want to show you just very quickly how then it relates into reports and how they can see that then-that was in the web-based format and how that's entered-but then you can actually-first of all there's the actual report of the template and it can be downloaded directly and forwarded and they can do anything they need to do and it will graph them or they can actually just have the actual format printed directly from the web-based application and this is what it looks like in that mode. You can see it has the goals, objectives, performance measures and additional information in relation to that for each one. And there's additional report that are available for each of these that can be pulled and that's all of these different reports can be pulled: Trend & Target, Data Source, Template Status and several of the different fields such as the FTEs or Level of Effort and Mandates, Spending Source, Quality Improvement Tools and et cetera. This really helps us also with our accreditation efforts because many of these are requirements for accreditation and they're all housed in one place and they're easy to pull and report.

I will show you just real quickly just a couple of these reports, I'm not going to show all of this to you in essence of time but just show you what these reports actually kind of look like. This is the Trend & Target Report and again this is for Maternal & Child Health Services. This also gives them their scorecard as to relation to how they're doing. So it gives the goal, objective, measure and trend and target data. As you can see for the percentage of women who smoke in the last three months of pregnancy and then the latest data is 2009 and they set their target and green is good, red is bad and yellow is in between and the shape is going to that. So basically they've done pretty well in relation to the performance measure on women who smoke in the last three months of pregnancy and this also gives the arrow as to whether it's going -the trend is moving up or down for those particular year to year comparisons. And it lists that for each of the performance measures for the service area or county health department.

Just one other quick one that there's been a lot of interest in is the Data Source report. That report can be very handy as far as where the data was pulled from, how it was calculated. So it gives you the



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information for each of those so it gives you a quick snapshot of exactly where the data came from that's been reported on for each of the performance measures.

Okay, I'm going to just take you very quickly to the admin tools and Helpful Files & Links. The admin tools, we have several, the one I'm going to talk to you about right now is the Lookup Tools. This is very helpful to management and leadership as we're looking at how they tie in to, for example, the strategic map goals. If we're looking at the ones that particularly are working on our Oklahoma health improvement plan flagship issues then we just click on that particular goal, "See Results", and it lists everything in our department that's going on in relation to achieving improvements in the Oklahoma Health Improvement Plan Flagship Issues. And you can actually click on the particular item and it will take you directly to that department's –what's the goal, objective and measures that they have set that are linking to the Oklahoma health improvement plan in relation to children's health improvement. Another helpful part of the Lookup Tools is for performance measures, goals and objectives; you can also search by keyword, so if we wanted to look at any performance measure in relation to smoking for example, we could hit "See Results" for 2011 and these are the different measures that are particularly set to address smoking. And it does that for each of the goals and objectives also that you can also look up by target population or focus area.

And then just some final quick other tools we have Helpful Files & Links where we list several quality improvement information planning forms they can use to help them and additional links that can be used to gather more information in particular areas of interest along with the color legend for the scorecard and what the different colors mean. As you see red is from the worst to green-dark green is the best. And then of course there's the Contact Us page, it gives you how to get to the-how to contact us for any questions, the Step UP help desk information and also our vendor OK dot gov help desk as we keep it on their server and that's for password issues or website technical assistance. And then finally we have our user guide that our-leads them step by step through the system and all the different tools and templates and it shows screenshots and takes them directly through each piece. And these are always available for them online or they can download and print them also. The reports are also all downloadable, printable and graphable. So I think-I know my time is up, so I will stop here and thank you for letting me share our system with you and I hope it was helpful to you. Thank you.

TD: Joyce that was amazing and incredibly helpful. I thank you so much, I think we're all really wowed by what Joe referred to as your advanced civilization; it's quite impressive and we have only about 9 or 10 minutes left here for questions so we have a number that have come in through the chat feature and we'll get to those but Sarah, if you would like to provide instructions so we can take any live questions that may be out there also.

Sarah: Thank you. If you'd like to ask a question via your phone line, press star 1. Please unmute your phone and record your name when prompted. You may withdraw your request by pressing star 2. Again, to queue up for a question, press star 1 on your touchtone phone. Thank you.



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TD: Thank you Sarah. So if there are any questions that you all have that you'd like to ask live, please do that and Sarah will let us know and we'll get to those. In the meantime we'll go through the questions that we have online and as Liza indicated we had an early question come in about cost so Joe and Joyce we want to tackle that back to you, so Joe will you take it first?

JK: Sure, I think the main cost that-not counting staff time support performance management staff time-but our main cost is going to be, we'll be paying for this new system, we'll be paying a developer full time for a year to be developing our system and you know depending on where you are in the country that will cost a certain amount just depending on what the market is, depending on local circumstances, but that's our main cost.

JM: And our costs, our system the first phase, which included all services and the main part of the system was \$39,000 and then we added a county-specific module that was almost \$10,000 and then additional enhancements just this last year was an additional \$10,000. So total would be about \$58-59,000.

TD: Okay Joyce while you're-thank you both for answering that question-while we have you live on the line we have another question: where would Oklahoma incorporate grant-based performance measures, for example, what would you do with MCH block grant, how would you incorporate that?

JM: The MCH block grant? That was under Maternal & Child Health Services and we integrated-what we did with that to make it congruent was we took the MCH block grant goals, objectives and performance measures and moved those into this system so that they were congruent- the same-across the board and so the goals, objectives and performance measures, there are some additional ones that are in this system that aren't in the block grant but it does include all the main ones from the block grant and they are the same reporting. Does that help?

TD: Yes, thank you, Joyce. And we'll just keep going with you? Because we have lots of questions for Oklahoma. Another question for you is to what extent did you use off-the-shelf versus having your product customized for Oklahoma?

JM: We looked at off-the-shelf and couldn't really find what our users felt like they needed, so we actually had it completely built and customized for us by a local vendor.

TD: We actually are having a lot of questions here, we're working to sort through them, but Liza, I'll toss it to you for another question.

LC: Okay, there's a question or two that I'm kind of merging here. How frequently-and I think this is a question both for Joe and Joyce-how frequently is the information and the data points in your data system updated and also the shared ownership and the participation throughout the agency, how has this been received and the enthusiasm or willingness for participants within the agency to participate as



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it relates to their role. So kind of a-I mashed a couple of questions together but we're trying to tackle as many questions as we can. So Joyce or Joe, whichever one of you wants to tackle that first?

JK: This is Joe, I'll go ahead then. We have measures in our system, maybe a third of them we look at quarterly, some we look semi-annual, some we look annually. We have maybe one or two that we look at every two years and we have a few that are monthly and a lot of it just depends on the type of measure and the data system that's supporting the measurement itself that will kind of characterize how frequently we look at things. Going forward however, I think we're also going to be looking at as much as possible if we can get into the realm of looking at measures more frequently at a closer operational level so that maybe even looking at daily, weekly, monthly especially if we can do it in an automated way so that you have-the computer's doing the work, if you will, rather than a person. As far as buy in, I mean I think it's not universal, there are certainly early adopters and late adopters, and since we're a combined health and environmental agency, we have like a supra-agency our performance management work has been-primarily been done on the health side which is in most states would be the health department, we do have the EPA side of the agency as well and they have not been active participants in the performance management system. We've tried to sell it to them and it just doesn't resonate with them quite yet.

JM: And as far as the Oklahoma system, the measures, they can update more often than it must be updated or require them to update on all measures at least annually and as far as shared ownership and buy in, shared ownership, it's across all our service areas and county health departments and this was a totally new concept, there had never been this before or this type of accountability before where it's all in writing and shared. So it-as you can imagine there were those of us that couldn't wait to get started and they were real excited about it and just couldn't wait to get in and really get started to those who were very anxious about doing that and what that would mean and actually having that level of accountability and in writing and accessible to the full department. So, I think we've had the full realm of all experiences but they use it more and they've been getting into it more, the buy in continues to go up because it's just-they get into the system, it's user-friendly, it houses their information, they have one stop access to many things at once, it's assisting them with their accreditation efforts both in our state health department and our county health departments. So the buy in continues to go up but it doesn't mean that we didn't meet with some anxiety and still meet with anxiety from time to time.

LC: Okay, Joyce and Joe, thank you so much for those responses and for sharing this information. We've been taking a look at some of the questions that still exist and some of them pertain to some really specific opportunities for sharing information from both of your data systems and in the interest of time since it's about three of five Eastern Time, what we're going to do is suggest that we actually capture all of the questions that are still unanswered and work with you to get that information and share it through the phConnect site or the listserv such that everyone has an opportunity to get the details that they want for their questions and everyone actually sees the answers to everyone else's questions. So we'll make sure that happens over the course of the next week or so. I want to thank you both so much



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for sharing I think such invaluable information about your experiences and your data systems. We'll move on to the final poll for this webinar, how would you rate this webinar overall? Excellent, good, fair, poor? So cast your vote.

We're glad to see that overall this was a useful webinar. If you'd like to give us any additional feedback on this call or suggest topics for future calls, certainly don't hesitate to email us at pimnetwork@cdc.gov. We hope you'll plan to join us on July 28th for our next call. For that call we plan on hearing from several of you on your own performance management efforts. We've heard from many of you that you want to hear a little bit more about what you're each doing. So we're going to try something new and do a little bit of a round robin sharing from among a small handful of sites and we'll be in touch with perhaps some of you to highlight that. We also will be hearing from West Virginia in a more in-depth way on the August Performance Improvement Managers Network call. So we're looking forward to a successful continuation of this series. You'll be able to view and download all the calls and proceedings from both our website and the phConnect virtual community.

It's five o'clock now our time so we're now at time, thank you all so much and thank you once again Joyce and Joe for such excellent presentations. Thank you. Goodbye everyone.

Sarah: This concludes today's conference you may disconnect at this time; thank you for your participation.



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